

Service Addendum: Home Health-Nursing Services

The provision of contracted, authorized, and provided services shall be in compliance with the provisions of this agreement, the service description and requirements of this section and, if applicable, state certification and licensing criteria.

Specifics
<p>Providers are subject to the same qualifications as providers under the Medicaid State Plan as defined in Wisconsin State Statute 1915 (c) Home and Community-Based Waiver services waivers #0367.90 and #0368.90 required under § 46.281 (1) (c).</p> <p>The services for which Lakeland Care, Inc. (LCI) is contracting with your organization are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract.</p>
Service Definition and Description
<p>Home health agency" means an organization which:</p> <ol style="list-style-type: none"> 1. primarily provides skilled nursing and other therapeutic services; 2. has policies established by a professional group including at least one physician and at least one registered nurse to govern services, and provides for supervision of these services by a physician or a registered nurse; and 3. maintains clinical records on all patients. <p>COVERED SERVICES. Services provided by an agency certified under s. DHS 105.16 which are covered by MA are those reasonable and medically necessary services required in the home to treat the recipient's condition.</p> <p>Covered services are: skilled nursing services, home health aide services and medical supplies, equipment and appliances suitable for use in the recipient's home, and therapy and speech pathology services which the agency is certified to provide.</p> <p>These services are covered only when performed according to the requirements of s. DHS 105.16 and provided in a recipient's place of residence which is other than a hospital or nursing home. Home health skilled nursing and therapy services are covered only when provided to a recipient who, as certified in writing by the recipient's physician, is confined to a place of residence except that intermittent, medically necessary, skilled nursing or therapy services are covered if they are required by a recipient who cannot reasonably obtain these services outside the residence or from a more appropriate provider. Home health aide services may be provided to a recipient who is not confined to the home, but services shall be performed only in the recipient's home. Services are covered only when included in the written plan of care with supervision and coordination of all nursing care for the recipient provided by a registered nurse.</p> <p>Home health services include:</p> <p>(a) Skilled nursing services provided in a recipient's home under a plan of care which requires less than 8 hours of skilled nursing care per calendar day and specifies a level of care which the nurse is qualified to provide. These are:</p>

1. Nursing services performed by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, according to the written plan of care and accepted standards of medical and nursing practice, in accordance with ch. [N 6](#);
2. Services which, due to the recipient's medical condition, may be only safely and effectively provided by an RN or LPN;
3. Assessments performed only by a registered nurse; and
4. Teaching and training of the recipient, the recipient's family or other caregivers requiring the skills on an RN or LPN.

Note: For a further description of skilled nursing services, refer to the Wisconsin Medical Assistance Home Health Agency Provider Handbook.

(b) Home health aide services are:

1. Medically oriented tasks which cannot be safely delegated by an RN as determined and documented by the RN to a personal care worker who has not received special training in performing tasks for the specific individual, and which may include, but are not limited to, medically oriented activities directly supportive of skilled nursing services provided to the recipient. These may include assistance with and administration of oral, rectal and topical medications ordinarily self-administered and supervised by an RN according to [42 CFR 483.36](#) (d), chs. [DHS 133](#) and [N 6](#), and assistance with activities directly supportive of current and active skilled therapy and speech pathology services and further described in the Wisconsin medical assistance home health agency provider handbook;
2. Assistance with the recipient's activities of daily living only when provided on conjunction with a medically oriented task that cannot be safely delegated to a personal care worker as determined and documented by the delegating RN. Assistance with the recipient's activities of daily living consists of medically oriented tasks when a reasonable probability exists that the recipient's medical condition will worsen during the period when assistance is provided, as documented by the delegating RN. A recipient whose medical condition has exacerbated during care activities sometime in the past 6 months is considered to have a condition which may worsen when assistance is provided. Activities of daily living include, but are not limited to, bathing, dressing, grooming and personal hygiene activities, skin, foot and ear care, eating, elimination, ambulation, and changing bed positions; and
3. Household tasks incidental to direct care activities described in subds. [1.](#) and [2.](#)

Note: For further description of home health aide services, refer to the Wisconsin Medical Assistance Home Health Agency Provider Handbook.

"Skilled nursing services RN/LPN" is "professional nursing" as defined in Wisconsin's Nurse Practice Act. Wis. Stats, Chapter 441. Nursing services are those medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse or a licensed practical nurse working under the supervision of a registered nurse. The nursing services provided must be within the scope of the Wisconsin Nurse Practice Act, consistent with the Member Centered Plan, authorized by the MCO and are not otherwise available to the member under the Medicaid State Plan or for members enrolled in Medicare, services available through the federal Medicare program. However, the lack of coverage under the State Plan benefit or through Medicare does not preclude coverage of skilled nursing as a waiver service if services are within the scope of the Wisconsin Nurse Practice Act.

Under the Wisconsin Nurse Practice Act, professional nursing includes any of the following: professional skilled nursing means the observation or care of the ill, injured or infirm, or for

the maintenance of health or prevention of illness that requires substantial nursing skill, knowledge or training, or application of nursing principles based on biological, physical and social sciences. Professional skilled nursing includes any of the following:

- a. The observation and recording of symptoms and reactions;
- b. The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under Wis. Stats. ch. 448, dentist licensed under Wis. Stats. ch. 447, or optometrist licensed under Wis. Stats. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry or optometry in another state if the person making the order prepared the order after examining the patient in that other state and directs that the order be carried out in this state;
- c. The execution of general nursing procedures and techniques; or
- d. The supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants in accordance with Wis. Stats 441.

Nursing services may include periodic assessment of the member's medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention or to monitor and/or modify the medical treatment services provided by non-professional care providers. Services may also include regular, ongoing monitoring of a member's fragile or complex medical condition, as well as the monitoring of a member with a history of non-adherence with medication or other medical treatment needs. Delegation of nursing tasks to less skilled personnel shall be in accordance with Wis. Stats. ch. 441 and Wis. Admin. Code ch. N.6. and the Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel (Wisconsin Nurses Association). These services are provided when nursing services identified as needed in a plan of care and furnished under the approved State plan limits are exhausted or when the nursing services are not covered under the Medicaid State Plan. For members enrolled in Medicare, excludes services available through the Medicare program except for payment of Medicare cost share. RNs and LPNs must comply with Wis. Stats. Chapter 441.

Staff to Member Ratio

Provider's staff to member ratio shall be in accordance with state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract. Provider shall be adequately staffed to meet the needs of members as defined in their assessments and individual service plans.

Transportation is not included for this service.

Timeliness and Access to Service

Providers shall make all reasonable efforts to initiate service provision at the date and time requested by the LCI Interdisciplinary Team (IDT) on behalf of the member. If initiation of the service at the member's preferred time is not feasible, the provider will express such to the LCI IDT, who will arrange an alternative start date of services, or, if necessary, arrange to meet the member's needs by other means.

Standards of Service

Providers of services shall meet the standards of this agreement; and if applicable, agrees to retain licensing in good standing during contract period.

Providers of long-term care services are prohibited from influencing members' choice of long-term care program, provider, or Managed Care Organization (MCO) through communications that are misleading, threatening, or coercive. Lakeland Care Inc and/or the WI Department of Health Services may impose sanctions against a provider that does so. Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.

Service must be provided in a manner which honors member's rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.

Provider must incorporate practices that honor members' beliefs, being sensitive to cultural diversity and diverse cultural and ethical backgrounds, including supporting members with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members' cultural backgrounds.

Staff Qualifications, Training and Competency

Providers will comply with all applicable standards and/or regulations related to caregiver background checks.

Provider shall ensure that staff providing care to members are adequately trained and proficient in both the skills they are providing and in the needs of the member(s) receiving the services.

Training of staff providing services shall include:

1. Provider agency recording and reporting requirements for documentation, critical incident reporting, and other information and procedures necessary for the staff to ensure the health and safety of member(s) receiving supports.
2. Training on recognizing abuse and neglect and reporting requirements.
3. Training on the needs of the target group for the member(s) served under this agreement.
4. Training on the provision of the services being provided.
5. Training on the needs, strengths, and preferences of the individual(s) being served.
6. Training of rights and confidentiality of individuals supported.
7. Information and provider procedure for adherence to the LCI policies below:
 - a. Incident Management System
 - b. Restraint and Seclusion Policy and Procedure
 - c. Communication Expectations
 - d. Unplanned use of Restrictive Measure
 - e. Confidentiality

Provider shall ensure competency of individual employees performing services to LCI members. Competency shall include maintaining any required certifications or licenses as well as assurance of the general skills and abilities necessary to perform assigned tasks.

Staffing Assignment and Turnover

The provision of successful services is attributable in large part to the strength of the relationship between a member and the staff directly providing the service. Given this contributory factor, provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

In order to establish and preserve this relationship, providers must take specific precautions to establish and monitor these services. Providers must have a process in place for:

1. Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
2. Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.
3. Provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) staff to allow members to express concerns to individuals other than the individual who performs the task

Changes in staff assignments to specific members and within the organization are at the discretion of the provider. Provider agrees to take member requests for specific staff into consideration when assigning or reassigning staff to specific members and will notify LCI IDT staff in their reporting of any changes to staff providing services.

The Provider shall maintain and provide adequate staffing to meet the needs of members referred by Lakeland Care Inc and accepted by the Service Provider.

Communication, Collaboration and Coordination of Care

LCI communicates with providers regularly in the following formats:

- Provider forums
- Mass notifications via email or mail
- Notices for expiring credentialing

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT teams, guardians, and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.

Providers will notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to the LCI interdisciplinary team.

Providers shall notify the Lakeland Care Provider Compliance Specialist of any visits by their licensing or other regulatory entities within 3 days from the conclusion of the visit.

- If a citation is issued, the provider will supply LCI with copy of applicable plan of correction submitted to the DQA concurrent with submitting to licensing.
 - Plan of correction must demonstrate a systematic change in practices that is reasonably expected to result in an ongoing correction of identified violations.
 - LCI reserves the right to require additional plan(s) of correction from providers as it adheres to this agreement and/or applicable licensing standards. Providers must update the Provider Compliance Specialist and Quality Specialist when the provider appeals the Statement of Deficiency (SOD) from DQA.

Provider agencies shall report all member incidents to the LCI team. Providers must promptly communicate with the LCI team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member.

a. Changes in:

- Condition (medical, behavioral, mental)
- Medications, treatments, or MD order
- Falls (with or without injury)
- Urgent Care, Emergency Room or Hospitalization
- Death: anticipated or unexpected
- Any other circumstances warranting the completion of an agency incident or event report
- Unplanned use of restrictive measure

b. Communication/Coordination regarding:

- Medical Equipment or Supplies
- Plan of Care development and reevaluation
- Transition difficulty, discharge planning
- Ongoing Care Management

Acceptable means of communicating member incidents to the LCI team would be via phone, fax, or email **within one (1) business day**.

All reported incidents will be entered into the LCI Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform LCI when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.

LCI requires a 14 day notice prior to termination of Home Health and Skilled Nursing services by a provider to any LCI member, unless the reason for termination is successful completion of service or service is no longer needed by member.

The LCI team will make every effort to notify the provider at least 30 days in advance.

Note: Staff will first follow their own established in-house protocol.

Staff will then inform the IDT of *any member circumstance that would warrant family or physician notification* that includes but is not limited to the above circumstances.

Documentation

Providers shall comply with documentation as required by this agreement and state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract.

Each LCI member shall have a developed plan of care specific to their needs which address each area of service need being provided. A copy of this care plan shall be supplied to LCI IDT staff.

Providers shall prepare and send a written report to LCI IDT staff every six months. IDT staff may request additional written and/or verbal information to enhance coordination and/or quality of care.

The written report shall include the following elements:

- Attendance
- Level of participation
- Cares provided by program staff (ADLs, IADLs, nursing assessment and intervention)
- Behavioral interventions
- Significant changes in condition to physical, mental, or emotional health

At any time, the IDT staff may request:

- A written report to enhance the coordination and/or quality of care, which includes:
 - Changes in members' activities
 - List of supportive tasks provided
 - Ongoing concerns specific to the member
- Additional documentation of the services provided

The provider agency must maintain the following documentation and make available for review by LCI upon request:

- Provider meets the required standards for applicable staff qualification, training, and programming
- Verification of criminal, caregiver and licensing background checks as required.
- Policy and procedure related to supervision methods by the provider agency including frequency, intensity, and any changes in supervision.
- Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
- Employee time sheets/visit records which support billing to LCI.

Billable Units

Through the use of the Resource Allocation Decision method (RAD), the LCI IDT staff shall assess the member's needs and outcomes to determine the amount of services to be authorized. The LCI IDT staff shall exchange pertinent information with the provider at the time the referral is made to assure all health and safety needs are provided during the services. This information exchange shall include the assessed needs and amount of authorized units as it relates to services.

All aspect of services shall be discussed between the LCI IDT staff, member or legal representative, and provider to ensure proper collaboration.

The LCI team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.

Provider rates for provision of services will incorporate all administrative and business functions related to the provision of service. Contracted rates include the provision of administrative functions necessary for services and are not billable beyond units provided to each authorized member.

Providers should reference the Rates and Service Codes chart of the contract for contract units and rates.

Providers should use increments as listed in the rates and service codes chart to bill LCI up to the authorized number of units for the member. Providers can only bill for services rendered to the member. Provider will refund LCI the total amount of any/all units billed without services rendered to LCI member.

Providers are required to provide for all identified care needs during the provision of services and are specifically prohibited from billing fraudulently for additional services during the provision of these services.

Electronic Visit Verification (EVV)

Section 12006(a) of the 21st Century Cures Act mandates that EVV be used for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider.

Workers are required to use an EVV system when providing personal care and supportive home care service (service codes T1019, T1020, S5125, S5126). Providers must utilize the Department of Health Services (DHS) Electronic Visit Verification (EVV) system for any service that DHS or Purchaser deems subject to EVV.

Alternate EVV systems must be secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Family Care services administered by LCI are funded by state and federal tax dollars through the Medical Assistance program. As a publicly funded system, LCI strives to maintain the integrity of the program by ensuring that all services are billed as authorized by LCI, and as rendered to members. LCI ensures this protection, by regularly conducting random reviews of claims submitted by its contracted providers. LCI reserves the right to request verification documentation from providers. This could include but is not limited to providers' case notes, files, documentation and records.

Additional Contract Expectations

- Provider must adhere to Medicaid guidelines for billing.
- Provider must adhere to Medicaid guidelines for personal care and travel time.
- LCI reserves the right to access agency records for verification of billable units.

Additional Considerations

- Services will be provided as identified and authorized by LCI IDT staff.
- Provider is required to comply with all applicable Wisconsin state law regarding Caregiver Background Checks and Wisconsin Administrative Rule DHS 12 as they pertain to services provided to LCI members.
- Providers may not limit or deny any LCI member services due to dissatisfaction with their LCI contracted rate.
- LCI pre-authorizes all its services. If provider bills for more units than authorized without prior authorization, these services may be denied.
- In the case that a LCI member cancels service, the provider must contact the LCI IDT staff. Services cancelled will not necessarily be rescheduled and should not be assumed by the provider.

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